



COMMONWEALTH OF KENTUCKY
Public Protection Cabinet
Department of Housing, Buildings and Construction
DIVISION OF BUILDING CODES ENFORCEMENT
ELEVATOR SECTION
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
Telephone: 502-573-1694 Fax: 502-573-1059



ELEVATOR ALTERATION
PERMIT APPLICATION

Application is hereby made to the Division of Building Codes Enforcement, Elevator Section for the alteration of one unit as identified below:

ASME A17.1

- | | | |
|--|--|--|
| <input type="checkbox"/> Electric Elevator
<input type="checkbox"/> Freight <input type="checkbox"/> Passenger | <input type="checkbox"/> Screw Column Elevator | <input type="checkbox"/> Private Residential Lift
<input type="checkbox"/> Inclined Platform Lift
<input type="checkbox"/> Inclined Wheelchair Lift
<input type="checkbox"/> Stairway Lift
<input type="checkbox"/> Vertical Wheelchair Lift |
| <input type="checkbox"/> Hydraulic Elevator
<input type="checkbox"/> Freight <input type="checkbox"/> Passenger | <input type="checkbox"/> Sidewalk Elevator | |
| <input type="checkbox"/> Hand Elevator | <input type="checkbox"/> Special Purpose Personnel | <input type="checkbox"/> Non-Private Residential Lift
<input type="checkbox"/> Inclined Platform Lift
<input type="checkbox"/> Inclined Wheelchair Lift
<input type="checkbox"/> Stairway Lift
<input type="checkbox"/> Vertical Wheelchair Lift |
| <input type="checkbox"/> Inclined Elevator | <input type="checkbox"/> Escalator | |
| <input type="checkbox"/> Ltd Use/Ltd Access Application Elevator | <input type="checkbox"/> Dumbwaiter (power) | |
| <input type="checkbox"/> Material Lift with Transfer Device | <input type="checkbox"/> Rack & Pinion Elevator | <input type="checkbox"/> Private Residential Elevator |

ASME B20.1

- ☐ Vertical Reciprocating Conveyor

Speed (per minute):	fpm	Capacity:	lbs	Feet Unit Travels:	ft
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DRIVE OR SUSPENSION MEANS

- | | | |
|--|--|--|
| <input type="checkbox"/> Traction | <input type="checkbox"/> Roped Hydraulic | <input type="checkbox"/> Rack & Pinion |
| <input type="checkbox"/> Direct-Plunge Hydraulic | <input type="checkbox"/> Geared | <input type="checkbox"/> Rope-Sprocket |
| <input type="checkbox"/> Winding Drum | <input type="checkbox"/> Level Hydraulic | <input type="checkbox"/> Coupling |
| <input type="checkbox"/> Chain & Sprocket | <input type="checkbox"/> Screw Column | <input type="checkbox"/> Other |

UNIT IDENTIFICATION INFORMATION

Initial Installation Date of Unit to be Inspected:	Date of Last Inspection of Unit to be Inspected:
Location of Unit to be Altered:	Unit is State Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Alterations Proposed to Identified Unit (as detailed as possible; attach additional pages, if necessary):	
Owner of Unit:	Occupant of Facility in Which Unit Operates (if different than owner):
Elevator Company:	Inspection Requested by:
Elevator Contractor: Name: Address: Email: Phone Number:	Elevator Contractor: Name: Address: Email: Phone Number:
Elevator Contractor: Name: Address: Email: Phone Number:	Elevator Contractor: Name: Address: Email: Phone Number:

For Office Use Only		
Certificate Number:	Date:	BA #:
Number of Floors Unit Travels:	Number of Openings Front: Rear:	Manufacturer:
Horsepower of Motor:	Check Number for Application Payment:	Total Application Payment Amount: \$
Fee Scheduled for Permit Application(s): \$	HBC Personnel Approving Application:	Additional Notes: